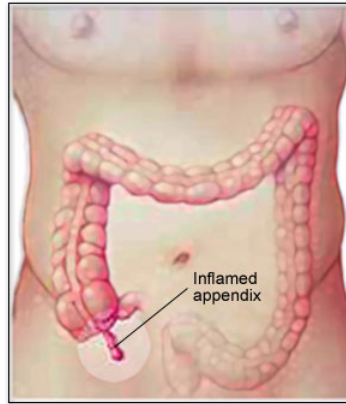


Appendicitis



Appendicitis is the most common of all serious intestinal disorders. It refers to an inflammation of the vermiform appendix. It presents itself in acute and chronic forms and affects both the sexes equally.

Symptoms

Appendicitis usually begins with a sudden pain in the centre of the abdomen, which gradually shifts to the lower right side. The pain may be preceded by general discomfort in the abdomen, indigestion, diarrhoea or constipation. The patient usually has a mild fever varying from 100° to 102° F. Nausea is common, and the patient may vomit once or twice. The muscles of the right side of the abdomen become tense and rigid. The patient draws some comfort by drawing up the right leg. The pain increases on the right side on pressing the left side of the abdomen. Coughing and sneezing makes the pain worse. If the inflammation continues to increase, the appendix may rupture and discharge its pus into the abdominal cavity. This may result in a serious state known as peritonitis. The temperature rises and the patient becomes pale and cold. This condition may call for urgent operation. In the chronic state of appendicitis, the patient may suffer from recurrent pain in the right lower abdomen with constipation, loss of appetite and mild nausea.

Treatment

The patient should be put to bed immediately at the first symptoms of severe pain, vomiting and fever. Rest is of utmost importance in the treatment of this disease. The patient should resort to fasting which is the only real cure for appendicitis. Absolutely no food should be given. Nothing except water should enter the system. Low enemias, containing about one pint (1/2 litre) of warm

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water should be administered everyday for the first three days to cleanse the lower bowel.

Hot compresses may be placed over the painful area several times daily. Abdominal packs, made of a strip of wet sheet covered by a dry flannel cloth bound tightly around the abdomen, should be applied continuously until all acute symptoms subside. When the acute symptoms subside by about the third day, the patient should be given a full enema containing about 1 1/2 litre of warm water and this should be repeated daily until the inflammation and pain have subsided. The patient can be given fruit juices from the third day onwards. This simple treatment sensibly applied will overcome an appendicitis attack.

After spending three days on fruit juices, the patient may adopt an all-fruit diet for a further four or five days. During this period, he should have three meals a day each meal of fresh juicy fruits. Thereafter, he should adopt a well-balanced diet based on three food groups namely, (i) seed, nuts and grains, (ii) vegetables and (iii) fruits.

In case of chronic appendicitis, a short fast should be followed by a full milk diet for two or three weeks. In this regimen, a glass of milk should be taken every two hours from 8 a.m. to 8 p.m. on the first day, a glass every hour and a half the next day and a glass every hour the third day. Then the quantity of milk should be gradually increased so as to take a glass every half an hour, if such a quantity can be tolerated comfortably. After the full milk diet, the patient should gradually embark upon a well- balanced diet, with emphasis on fresh fruits and green leafy vegetables.

Certain vegetable juices, especially carrot juice, in combination with the juices of beets and cucumbers, have been found valuable in the treatment of appendicitis. Regular use of tea made from fenugreek seeds has also proved helpful in preventing the appendix from becoming a dumping ground for excess mucous and intestinal waste.

The patient of appendicitis should adopt all measures to eradicate constipation., if it is habitual. Much relief can be obtained by the application of hot fomentation and abdominal packs every morning and night. An abdominal

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massage is also beneficial. Once the waste matter in the calcium has moved into the colon and thence eliminated, the irritation and inflammation in the appendix will subside and surgical removal of the appendix will not be necessary. The surgical operation should be resorted to only in rare cases, when the appendix has become abscessed.

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